



City of Kirkland Parks and Community Services Department Athletic Field Use Insurance Requirements

Insurance may be required by the City of Kirkland for a variety of reasons. The insurance requirements contained within are applicable to a facility use or event permitting process, for use of athletic fields under the City of Kirkland athletic field umbrella, by: athletic leagues; commercial organizations; non-profit organizations; and other applicants conducting high risk activities (as determined by the City of Kirkland):

Requirements:

The applicant must maintain, for the duration of the permitted use, with an insurer having no less than a Best's rating of A VII and authorized to do business in the State of Washington, the following:

- Comprehensive General Liability Insurance with:
 - Combined single limits not less than:
 - \$2,000,000 General Aggregate
 - \$1,000,000 Per Occurrence
 - With the City of Kirkland named as Additional Insured; and
 - With the City of Kirkland 123 5th Avenue, Kirkland, WA, 98033 defined as the Certificate Holder

Required Documents:

- Certificate of Insurance
- AND**
- Additional Insured Endorsement or Blanket Additional Insured Endorsement

Insurance requirements are non-negotiable. The City expects the applicant to convey the City's requirements listed above to their insurance company. The City further expects the applicant to collect and review the documents from their insurance company for accuracy. Once the applicant is confident the requirements detailed above have been met, the applicant may submit the documents to the City (address below). If errors/adjustments are needed, the City will inform the applicant and will expect the applicant to convey the needed changes to the insurance company.

(When requesting use of a Lake Washington School District site, Lake Washington School District must also be listed as Additional Insured and separate District requirements apply, which are detailed via a separate document, accessible here: [Lake Washington School District Insurance Requirements.](#))

Submit all documents to:

- eparks@kirklandwa.gov
- Or**
- City of Kirkland Parks and Community Services Department, Attn: Nicci Osborn, 123 5th Avenue, Kirkland, WA 98033

For questions, contact Nicci Osborn at 425.587.3342 or nosborn@kirklandwa.gov.

Attachments

- Attachment A: Example Certificate of Insurance
- Attachment B: Example Additional Insured Endorsement



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/31/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mike Strahy Insurance, Inc. 15413 15th Ave NE		CONTACT NAME: PHONE (A/C No, Ext): FAX (A/C No): E-MAIL: ADDRESS:	
Shoreline WA 98155	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED [REDACTED]	INSURER A: Scottsdale Insurance Co	41297	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

OPER LTR	TYPE OF INSURANCE	ADDITIONAL INSURED (Y/N)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> LIQUIDATED DAMAGES <input checked="" type="checkbox"/> OCCUR	Y	[REDACTED]	01/26/2017	01/26/2018	BODILY OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per Occurrence) \$ 100,000 MEDICAL EXPENSES \$ 5,000 AUTOMOBILE AND TRAILER \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMMODITY \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> OCCUR <input type="checkbox"/> LAC <input type="checkbox"/> OTHER					COMBINED SINGLE LIMIT (Per Occurrence) \$ BODILY INJURY (Per Occurrence) \$ BODILY INJURY (Per Aggregate) \$ PROPERTY DAMAGE (Per Occurrence) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> AUTO OWNED <input type="checkbox"/> AUTO RENTALS <input type="checkbox"/> HIRE/LEASED <input type="checkbox"/> SCHEDULE - 1 AUTOS <input type="checkbox"/> AUTOS OTHER THAN SCHEDULE 1					COMBINED SINGLE LIMIT (Per Occurrence) \$ BODILY INJURY (Per Occurrence) \$ BODILY INJURY (Per Aggregate) \$ PROPERTY DAMAGE (Per Occurrence) \$
	UMBRELLA/EXCESS LIABILITY <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTY OR PARTNER'S EXCLUSIVE OPERATIONS EXCLUDED? (Monday in WA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Y/N				PER STATUTE / PER POLICY \$ PER STATUTE / PER POLICY \$ PER STATUTE / PER POLICY \$ PER STATUTE / PER POLICY \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD #1, Additional Remarks Form 44, may be attached if more space is needed)
 CITY OF KIRKLAND IS NAMED ADDITIONAL INSURED PER FORM CG2026/413;
 AS THEIR INTEREST MAY APPEAR, AS RESPECTS OPERATIONS PERFORMED BY OR ON BEHALF OF THE NAMED INSURED PER WRITTEN AGREEMENT

CERTIFICATE HOLDER City Of Kirkland Attn: Niles Osborn Parks Coordinator 123 5th Avenue Kirkland WA 98033	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: 
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POLICY NUMBER: ██████████

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s): CITY OF KIRKLAND 123 5TH AVENUE KIRKLAND, WA 98233</p> <p>AS RESPECTS USE OF ALL FACILITIES</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations, or
2. In connection with your premises owned by or rented to you.

However,

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.